Effective October 1, 2003													
		(Colui	mn 2)		SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY				
TC	TAL CLAIMS	46					Γ	RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			46 minus 20=		• 26		Γ	X\$ 9:	<u>-</u>		OR	X\$18=	468
INDEPENDENT CLAIMS			4 minus 3 =		*		t	X43=			OR	X86=	86
MULTIPLE DEPENDENT CLAIM PRESENT					· · · · · · · · · · · · · · · · · · ·		ı	.145				+290=	80
* If the difference in column 1 is less than zero, enter "0"						olumn 2	L	+145	-		OR		1 - 24
								TOTA	۱ <u>۱</u>		OR	TOTAL	1,324 THAN
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L E	NTITY	OR	SMALL	•
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER JUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 46	Minus	L	16	= _	-	X\$ 9=			OR	X\$18=	
	Independent	• 4	Minus	***	4	=		X43=			OR	X86=	/
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		/	OR	+290=/	
1, 16, 28, 43								TOT				TØTAL ADDIJ. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)	A	DDIT.	EEL		, , ,	ADDU. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	.		OR	X\$18=	
	Independent	*	Minus	***	_	=		X43=	T		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=	
·								TOT/ DDIT. FE	AL E		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)							
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		-		X43=	1		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM	ليا	!	+145=	1			+290=	
* If the entry in column 1 is less than the entry in column 2 write "0" in column 3.													
	If the "Highest Nu	mber Previously Pa mber Previously Pa nber Previously Pai	aid For" IN THI	S SPACE i	s less that	n 3, enter *3."		DOIT. FE		ropriate box	OR in co	ADDIT. FEE	

Application or Docket Number